

Entered - 12/01/00 - sb
CL0010719 - DIANNE C. MITCHELL

01-*2*-0558

CLAIM OF: **KIRK A. STEPHENS,**
through his insurance carrier,
State Farm Insurance Companies
105 McIntosh Crossing
Fayetteville, Georgia 30214

For damages alleged to have been sustained as a result of a vehicular
accident on September 9, 2000 at Hill Street and Martin Luther King,
Jr. Drive.

THIS ADVERSED REPORT IS APPROVED

BY: *Rosalind Rubens Newell*
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0719

Date: March 29, 2001

Claimant /Victim KIRK A. STEPHENS

BY: (Ins. Co.) State Farm Insurance Companies

Address: 105 McIntosh Crossing, Fayetteville, Georgia 30214

Subrogation: X Claim for Property damage \$ Not Stated Bodily Injury \$ _____

Date of Notice: 11/28/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 09/09/00 Place: Hill Street and Martin Luther King, Jr. Drive

Department Fire Division: _____

Employee involved Rocky D. Young Disciplinary Action: None

NATURE OF CLAIM: The claimant failed to yield right-of-way to a City Fire vehicle, operating siren and lights, causing a collision. The investigation found no negligence on the part of the City driver in causing this accident.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police X Dept Report X Other _____

Traffic citations issued: City Driver _____ Claimant Driver X

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent X City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,



INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 03-29-01

Committee Action: _____ Council Action _____

State Farm Insurance Companies



M P Full
11/28/00
Over

State Farm Insurance Company
105 McIntosh Crossing
Fayetteville, Georgia 30214

September 21, 2000

ENTERED - 12-1-00 - SB
00L0719 - DIANNE MITCHELL

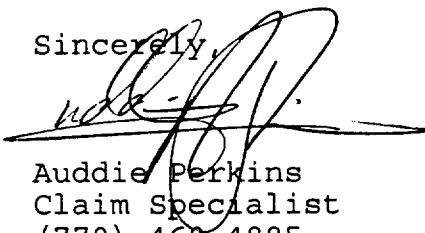
City Of Atlanta Fire Dept
1568 Jonesboro Rd
Atlanta, GA 30315

RE: Claim Number: 11-3522-172
Date of Loss: September 9, 2000
Our Insured: Kirk A. Stephens

Dear Sir/Madam:

We received a report of an auto loss. Please call us at your earliest convenience to discuss this matter.

Sincerely,


Auddie Perkins
Claim Specialist
(770) 460-4885

State Farm Mutual Automobile Insurance Company

01-R-0558